#### **BUDGET NARRATIVE**

LEA: Liberty CSD	FOR TITLE: Governor's Education Emergency Relief (GEER)
BEDSCODE:	
590901060000	

## \*\* MUST BE SUBMITTED WITH EACH BUDGET IN THE CONSOLIDATED APPLICATION

If using Transferability, please indicate on the Budget Narrative and FS-10 the amount of funds to be included under transferability in the budget categories where funds will be used. Example: In the Title IIA budget under Code 15 – Transferability - Title I Reading Teacher – FTE.35 - \$15,000.

CODE/ BUDGET CATEGORY	EXPLANATION OF EXPENDITURES IN THIS CATEGORY (as it relates to the program narrative for this title)
Code 15 Professional Salaries	
Code 16 Support Staff Salaries	
Code 40 Purchased Services	
Code 45 Supplies and Materials	Items for ensuring virtual learning for students will be purchased. Tags for devices will be used to better monitor devices that are provided to students and sent home with them for home learning. Additional WAP and network storage is being purchased to improve quality of at home learning. Cameras are being installed in classrooms for at home learning to coincide with learning of students in the classroom. Replacement screens are being used on broken devices to provide more students with the same technology rather than buy new devices. Additional cables to improve one to one device usage in the classroom is being purchased for virtual learning.

CODE/	EXPLANATION OF EXPENDITURES IN THIS CATEGORY
BUDGET CATEGORY	(as it relates to the program narrative for this title)
Code 46	
Travel Expenses	
1	

CODE/ BUDGET CATEGORY	EXPLANATION OF EXPENDITURES IN THIS CATEGORY (as it relates to the program narrative for this title)
Code 80 Employee Benefits	
Code 90 Indirect Cost	
Code 49 BOCES Services	
Code 30 Minor Remodeling	
Code 20 Equipment	

# The University of the State of New York THE STATE EDUCATION DEPARTMENT

Funding Source: Go

**Agency Name:** 

**Mailing Address:** 

**Report Prepared By:** 

### PROPOSED BUDGET FOF FEDERAL OR STATE PROJ FS-10 (03/15)

= Required Field

Local Agency Information	
overnor's Education Emergency Relief (GEER)	
Georgia Gonzalez	
Liberty CSD	

Street

City State Zip Code

Telephone # of Report Preparer: 845-292-6171

E-mail Address: ggonzalez@libertyk12.org

115 Buckley Street

Liberty, NY 12754

 Project Funding Dates:
 3/13/2020
 9/30/2022

 Start
 End

#### INSTRUCTIONS

- Submit the original FS-10 Budget and the required number of copies along with the
  completed application directly to the appropriate State Education Department office as
  indicated in the application instructions for the grant program for which you are applying.
  DO NOT submit this form to Grants Finance.
- The Chief Administrator's Certification on the Budget Summary worksheet must be signed by the agency's Chief Administrative Officer or properly authorized designee.
- An approved copy of the FS-10 Budget will be returned to the contact person noted above.
   A window envelope will be used; please make sure that the contact information is accurate and confined to the address field without altering the formatting.
- For information on budgeting refer to the Fiscal Guidelines for Federal and State Aided Grants at http://www.oms.nysed.gov/cafe/guidance/.

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SUPPLIES AND MATERIALS				
Subtotal - Code 45			\$74,174	
Description of Item	Quantity	Unit Cost	Proposed Expenditure	
Tags for New Chromebooks & Chargers	1 Case	\$803.00	\$803	
Syology Network Storage	1.00	\$6,593.00	\$6,593	
Outdoor WAP Install	1.00	\$22,755.00	\$22,755	
Cameras & Cables	168.00	\$99.00	\$16,632	
Cables & Supplies for Virtual Learning (includes \$747.64 for Private Schools)	1.00	\$9,168.00	\$9,168	
Crack Screen Replacement	120.00	\$150.00	\$18,000	
Prevention Counseling Supplies	2.00	\$111.50	\$223	

### **BUDGET SUMMARY**

SUBTOTAL	CODE	PROJECT COSTS
Professional Salaries	15	
Support Staff Salaries	16	
Purchased Services	40	
Supplies and Materials	45	\$74,174
Travel Expenses	46	
Employee Benefits	80	
Indirect Cost	90	
BOCES Services	49	
Minor Remodeling	30	
Equipment	20	
Gran	d Total	\$74,174

Agency Code:	
Project #:	
Contract #:	
Agency Name:	

## CHIEF ADMINISTRATOR'S CERTIFICATION

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal (or State) award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative penalties for fraud, false statements, false claims, or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

(U.S. Code Title 18 3729-3730 and 38	3, Section 1001 and Title 31, Sections 01-3812).
/_/ Date	Signature
Name and Title	of Chief Administrative Officer

FOR DEPARTMENT USE ONLY			
Funding Dates:	From	То	
Program Approval:		Date:	
Fiscal Year	First Payment	Line #	
Voucher#		First Payment	

Finance:	Logged	Approved	MIR	
11:47 AM		Page 4		2/3/2024